



BEVERAGE DISTRIBUTOR SUPPLEMENTAL INFORMATION

INSURED NAME: _____ DATE: _____

AGENCY: _____ AGENT NAME: _____

1. About the insured's employees:

How many workers do they employ full-time?	How many workers do they employ part-time?	What are their ages?	What are their duties?	What are their experience levels?	What is their training?

2. Are all employees required to provide a signed US Department of Justice Form I-9 for verification of employment eligibility? Yes _____ No _____ If no, explain _____

3. What are the insured's hours of operation? _____

4. What is the layout of the insured's premises? _____

5. What is the level of housekeeping? _____

6. Does insured require pre-employment physicals for workers? Yes _____ No _____

7. Is personal protective equipment (PPE) provided to employees? Yes _____ No _____ If so, please describe _____

8. Do employees undergo first aid training? Yes _____ No _____

9. Are first aid kits available onsite and in work trucks? Yes _____ No _____

10. Are safety signs posted and readable to all employees? Yes _____ No _____

11. What safety practices are in place for employees working in refrigerated areas? _____

12. Are employees trained on proper lifting techniques? Yes _____ No _____

13. Are Motor Vehicle Records checked on all drivers? Yes _____ No _____

14. Does insured have a driver safety program? Yes _____ No _____

15. Radius of delivery: _____ States traveled in: _____

16. What are the qualifications and experience of the delivery truck drivers? _____



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- 17. Does the insured operate a forklift? Yes _____ No _____ If yes, what are the training and experience of the forklift operators? _____
- 18. Are the insured's forklifts equipped with backup alarms? Yes _____ No _____
- 19. Are forklifts gas or electric powered? _____
- 20. Are convex mirrors placed at the ends of aisles and at all blind corners? Yes _____ No _____
- 21. What types of cleaners are commonly used to sanitize the facility? _____
How and in what amounts are they stored? _____
- 22. Are emergency hand and eyewash stations provided in areas where cleaning or sterilizing agent are stored or mixed prior to use? Yes _____ No _____
- 23. Are spills swept or mopped up immediately? Yes _____ No _____
- 24. Are carbon monoxide detectors with audible alarms in operation? Yes _____ No _____